Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7/11/2010</u>	Address:	13979 N. Delisle RD
Case #:	<u>35-30735</u>		Oaktown, IN 47561
County:	<u>Knox/42</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all th	/Ammonia Reaction(s):	r, etc)	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: <u>Kitchen, Basement, Open air, Coleman Campo fuel</u>			
Water Reactive Metal (Lithium): <u>Basement 3 energizer lithium batteries</u>			
Anhydrous Ammonia: Open Air, 2 propane tanks			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: <u>Bathroom</u> , <u>basement</u> , <u>Open Air</u>			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Oaktown</u> artment: <u>Knox County</u> ction Service: <u>Knox County</u>	Fax: 812-7 Fax: 8812-8 Fax: 812-8	882-8080
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Justin Bean</u> Phone <u>812-867-2079</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.